



The City of Grove City Parks & Recreation Department

4035 Broadway, Grove City, Ohio 43123
614-277-3050



Richard L. "Ike" Stage
Mayor

Travel Baseball Coach's Field Agreement Application (Please Print)

Name: _____ ☐ Head Coach ☐ Assistant Coach

Address: _____
CITY ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: ____/____/____ S.S. #: _____ ☐ Male ☐ Female

Previous Address, if not at current address for five years:

CITY ZIP

Present Employer: _____ Date Employment Began: _____

Address: _____
CITY ZIP

Position: _____ Supervisor's Name: _____

Have you ever had or do you currently have a problem with drugs and/or alcohol? ☐ Yes ☐ No
Please explain:

What experience do you have working with children?

List any formal training you have that relates to coaching children:

I agree to abide by the written rules and spirit of the City of Grove City Parks and Recreation Department that all programs are for the sole benefit of the children participating. I understand that I serve at the discretion of the City of Grove City Parks and Recreation Department and am under the direct supervision of the sports coordinator. I further agree to abide by the decisions made by the Baseball Administrator not specifically covered by the information furnished in the volunteer application. The above information is true and complete to the best of my knowledge. I understand that the City of Grove City may investigate the information I have furnished and I realize that any misrepresentation or false information in the application may lead to withdrawal of any volunteer services to the City. I consent that the City of Grove City may conduct a background check.

Signature: _____

Date: _____



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Travel Baseball Team Roster

Name	Address	City	ZIP	Birth Date
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Head Coach: _____

Assistant Coaches: _____

To my knowledge, the information above is correct.

Team Representative Signature

Date



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Grove City Field Rental Agreement Check List

Grove City Staff Initials

- _____ Primary organization representative contact information
- _____ Verification of non-profit status (tax identification number should be included)
- _____ Roster identifying all team members and coaches with addresses
- _____ Documentation of a current background check on all coaches affiliated with the team
- _____ Documentation of at least one coach on each team who is certified by the National Alliance for Youth Sports or an equivalent organization approved by the Grove City Parks and Recreation Department
- _____ Insurance in the amount of \$1,000,000 with the City of Grove City listed as an additional insured
- Teams not meeting the sanctioning requirements may submit field reservation requests in writing the first Monday in January. Reservations will be determined on a first-come, first-serve basis at the discretion of the Recreation Superintendent or his/her designee.
 - All GCPRD programs (games, matches, camps, tournaments and instructional programs) will be scheduled before any other field use. All non-City affiliated teams requesting to rent a Grove City field for multiple reservations must provide proof of the above-listed requirements to participate in the scheduling lottery in December. Priority registration requirements will be documented annually.

Primary Contact (GCPR staff will contact only this primary representative)

Name	Address	Phone Number
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I have read and understand the Grove City Field Rental usage policies and procedures.

Team Representative Signature	Date
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Staff Signature	Date
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